

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1695
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 93
(c) City St. Joseph, (d) Street No. 921 No. Noyes Boulevard, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph Tate Tompkins,

(a) Residence, No. 321 No. Noyes Boulevard, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Frances Tompkins,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
81 4 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk,
9. Industry or business in which work was done, as saw mill, bank, etc. Retail Dry Goods
10. Date deceased last worked at this occupation (month and year) Aug 30 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Virginia,

FATHER 13. NAME Robert Tompkins,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

MOTHER 15. MAIDEN NAME Sue E. Dean,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT (ADDRESS) Mrs. Naomi Settle, 321 No. Noyes Boulevard,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Jan'y 31, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Helen Bessie L. Bowman, 319 S. 10th. Str. Funeral Home

20. FILED Jan 31, 1939 H. J. Stettin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan'y 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 to Jan 29 that saw alive on Jan 24 1939. Death is said to have occurred on the date stated above, at 7:00 a.m. in. The principal cause of death and related causes of importance were as follows:

terminal occlusion arterio-sclerosis
Date of onset Jan 22-24
Other contributory causes of importance: arterio-sclerosis

Name of operation terminal Date of pro
What test confirmed diagnosis: terminal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) John J. Boone, M. D.
(Address) 22 Grand St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, June 29, 19

....., or by

Registered Apprentice No., working under my personal supervision.

Signed, W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.